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PTO/SB/21 (05-03) Approved for use through 04/30/2003. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/602740
		Filing Date	June 23, 2000
		First Named Inventor	Markus Pompejus
		Art Unit	1652
		Examiner Name	Kathleen M. Kerr
Total Number of Pages in This Submission	1	Attorney Docket Number	BGI-126CP

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Associate Power of Attorney (1 page); and a Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LAHIVE & COCKFIELD, LLP Lisa M. DiRocco - 51,619
Signature	
Date	July 14, 2003

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Dated: July 14, 2003

Signature (Lisa M. DiRocco)



PTO/SB/17 (05-03)

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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>		<b>Complete if Known</b>	
Effective 01/01/2003, Patent fees are subject to annual revision.			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) 1,250.00	
<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account		<b>3. ADDITIONAL FEES</b>	
Deposit Account Number <div style="border: 1px solid black; padding: 2px; width: 150px; margin-bottom: 5px;">12-0080</div> Deposit Account Name <div style="border: 1px solid black; padding: 2px; width: 150px; margin-bottom: 5px;">Lahive &amp; Cockfield, LLP</div> The Director is hereby authorized to: (check all that apply)		Large Entity    Small Entity	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Description	
		Fee Paid	
<b>1. BASIC FILING FEE</b>			
Large Entity    Small Entity			
Fee    Fee    Fee    Fee Description    Fee Paid Code (\$)    Code (\$)    Code (\$)    Code (\$)			
1001 750    2001 375    Utility filing fee 1002 330    2002 165    Design filing fee 1003 520    2003 260    Plant filing fee 1004 750    2004 375    Reissue filing fee 1005 160    2005 80    Provisional filing fee			
SUBTOTAL (1)    (\$) 0.00			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims <input type="checkbox"/> $\cdot \cdot \cdot =$ Extra Claims    Fee from below    Fee Paid Independent Claims <input type="checkbox"/> $\cdot \cdot \cdot =$ <input type="checkbox"/> x <input type="checkbox"/> = Multiple Dependent <input type="checkbox"/> $\cdot \cdot \cdot =$ <input type="checkbox"/> x <input type="checkbox"/> =  Large Entity    Small Entity			
Fee    Fee    Fee    Fee Description Code (\$)    Code (\$)    Code (\$)    Code (\$)			
1202 18    2202 9    Claims in excess of 20 1201 84    2201 42    Independent claims in excess of 3 1203 280    2203 140    Multiple dependent claim, if not paid 1204 84    2204 42    ** Reissue independent claims over original patent 1205 18    2205 9    ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)    (\$) 0.00			
** or number previously paid, if greater; For Reissues, see above			
*Reduced by Basic Filing Fee Paid    SUBTOTAL (3)    (\$) 1,250.00			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lisa M. DiRocco	Registration No. (Attorney/Agent)	51,619
Signature			
	Date	July 14, 2003	

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(Lisa M. DiRocco)